PREPARING TO GO HOME CHECKLIST



Before you leave the hospital, we want to make sure you feel ready. During your hospital stay your care team are happy to answer any questions you might have about your care and talk to you about what you can expect when you leave hospital. We want you to have all the information you need.

This checklist has been developed by consumers and your care team to help you identify the information you may still need from us as you and your family prepare for you to leave hospital.

You can also use the communication board in your room to write your questions as a reminder to your care team to provide you with this information.

LEAVING HOSPITAL
☐ Has my family or next of kin been told I am leaving hospital? Specific date at 10am?
☐ How am I going to get home?
\square Do I need to pay the bill for my hospital stay before I leave, or will this be sent to me in the mail?
SUPPORT AT HOME
☐ Do I need to have someone with me at home?
If you don't have someone with you at home you may enquire with Allied Health about services available to you.
\square Do I require any special equipment to make my home safer during my recovery?
☐ How can I organise this and how is this paid for?
☐ Who arranges follow-up services such as:
– GP clinic appointments
– Hospital in the Home
– District nursing
– Physiotherapy/occupational therapy (Allied Health)
WOUND CARE
☐ What do I need to do to care for my wound at home?
☐ When do I remove my dressing and who can do this?
☐ What signs do I need to look out for that signify infection?
☐ What do I do if I am worried about my wound?



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MEDICATION	
☐ What medication do I	need to take at home and why?
☐ Are there any side-eff	fects I should be mindful of and what do I do if I experience side-effects?
☐ When do I stop taking	this medication?
☐ If I need more medica	ation, how do I get this?
☐ Will my GP and treating Discharge Medication	ng specialist be aware of the medications I am currently taking? Will they receive a copy of my a Summary?
SIGNS AND SYMPTO	OMS TO LOOK OUT FOR AT HOME
☐ What do I do if I have	a concern about my condition after I have left hospital?
☐ What signs do I need	to look out for at home?
☐ Who do I call if I have	a question or concern about my recovery?
☐ Who can I call if it is af	fter business hours and I am worried?
RETURNING TO NO	RMAL ACTIVITIES
☐ When can I return to v	work?
\square Are there any activities	es I need to avoid such as heavy lifting, driving, sex, cycling, swimming?
☐ Are there any activitie	es that will aid my recovery?
☐ When am I able to tra	vel (long car rides and by plane)?
FOLLOW-UP APPOI	NTMENTS
☐ Will I require follow-u	p appointments when I go home?
– Who with?	
– How do I make the	se?
☐ Do I need to have any	tests prior to my next appointment?
- What test(s)?	
– How do I arrange th	nis?

